

ATTENTION TO CHIEF OF STATE MEDICAL

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

REPORT TO A DISTRICT

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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth
(Registration District)

Douglas, Ariz. County Cochise

No. 728 - H. Ave St.

SEX OF CHILD* girl	Twin Triplet or other?	and	Number* in order of birth 1009
DATE OF BIRTH* February 19 1909 (Month) (Day) (Year)			

I HEREBY CERTIFY that the child described herein has
been named

Francisca Papia
(Give name in full) (Surname)

Benjamin Papia
(Parent's Signature)

FULL* NAME Benjamin	FATHER Papia
FULL* MAIDEN NAME Encarnacion	MOTHER Hernandez

(Signature of Physician or Midwife)

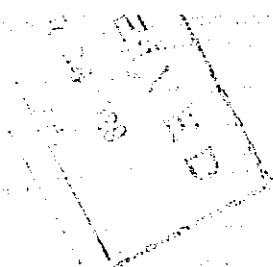
*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar

Form X

631-219-581

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FEB 20 1909